



U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

AMENDMENT TRANSMITTAL LETTER

Docket Number
10191/2126

Application Number
10/018,203

Filing Date
May 7, 2002

Examiner
Stephone B. Allen

Art Unit
7942

Invention Title
OPTOELECTRONIC SENSOR INCLUDING A
TRANSPARENT OPTODE MATERIAL

Inventor(s)
Andreas HENSEL

Address to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the
United States Postal Service with sufficient postage as first class mail
in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
on

Date 20 May 2004 Atty's Reg. # 36,098

Atty's Signature

MICHELLE M. CARNIAUX
KENYON & KENYON

Transmitted herewith is an Amendment in the above-identified application.

1. The filing fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE (\$)	FEE (\$)
TOTAL CLAIMS	18	minus	20	0	18.00	0.00
INDEPENDENT CLAIMS	5	minus	3	2	84.00	168.00
MULTIPLE DEPENDENT CLAIM ADDED					280.00	0.00
					TOTAL	168.00

2. Please charge the required additional claims fee of \$168.00 to the deposit account of
Kenyon & Kenyon, deposit account number 11-0600.
3. Applicant respectfully requests a one-month extension of time for responding to the Office
Action of April 7, 2004. The extended period for response expires on August 7, 2004. Please
charge the \$110.00 extension fee and any other fee that may be required to Deposit Account
No. 11-0600.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10/018203

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	15 minus 20 = *	
INDEPENDENT CLAIMS	8 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

8/3/01 CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 18	Minus ** 20	=
Independent	* 5	Minus *** 3	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	890
X\$18=	
X84=	
+280=	
TOTAL	890

RATE	ADDI-TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$18=	
X84=	172.00
+280=	
TOTAL	172.00

RATE	ADDI-TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	